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(Requestor's Name)			
(Address)			
,			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
<u> </u>			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entry Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
<u> </u>			

Office Use Only



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T. HAMPTON

DEC 2 2 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	· ·	nd New Beginning, LLC Limited Liability Company
Dear :	Sir or Madam:	
The e	nclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to the following:
	Jonathan Globeman	
	Name of Person	
	A Brand New Beginning, LL	<u>c</u>
	931 Clint Moore Rd Address	
	Boca Raton, FL 33487 City/State and Zip Code	
——— <u>—</u>	j.globerman@berkleycap.co	om
For fi	urther information concerning this matt	ter, please call:
	Jonathan Globeman	at (561) 807-9400 Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following	ng amount:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	Brand New Beginning, LLC			
2. (a) Principal office address of limited liability compar	ny: 931 Clint Moore Rd			
(Note: MUST BE STREET ADDRESS)	Boca Raton, FL 33487			
(b) Mailing address of limited liability company:	931 Clint Moore Rd			
(Note: MAY BE POST OFFICE BOX)	Boca Raton, FL 33487			
November 27, 2009	L07000092051			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	Jeremy Fredricksen			
Registered Office Address:	2275 S. Federal Hwy #270 Delray Beach, FL 33483			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent</u> : <u>Jonathan Globerman</u>				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	931 Clint Moore Rd Boca Raton, FL ,FL 33487			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signaure of a member of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duttes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 108, F.S. Gr. if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.				
Chapter 1087 F.S. Gr. if this document is being filed to maddress, I herety confirm that the limited liability compa	ny has been notified in writing of this change.			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00				